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Block 12 or Block 13 it changed, or on an attachment with an address

PRÓFIT FLORIDA DEPAREMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 FEB - 5 PM 2: 58 DOCUMENT # 624950 SLORE IANY OF STATE TALLAHASSEE, FLORIDA EMPIRE LEASING, INC. Principal Place of Business Mailing Address 1492 WEST FLAGLER STREET 1492 WEST FLAGLER STREET MIAMI FL 33135-2209 MIAMI FL 33135-2209 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1780264 Not Applicable Sulte. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STORMONT, RAY C 5300 ALTON RD. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33119 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of requisional agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THLE DELFTE 1.1 11111 Change Addition STORMONT, RAY C NAME -1.2 NAME 100002425811--2 -02/09/98--01007--011 5300 ALTON ROAD STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELETE TIME 2.1 THUE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$T-ZIP 3.4. CITY - \$1 - 7IP DELFTE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE TITLE 511000 Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - 7IP DELETE TITLE Addition 6.1 1/1UE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turker cortify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signalure shall have the same logal effect as if make under only that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in